

Leominster Recreation Department
Home and Health Information Questionnaire

Program: _____ Site: _____

Child's Name: _____ Date: _____

The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful- attach additional sheets if necessary. Thank you for your cooperation.

1.) Is this your child's first time at the Leominster Recreation Department program?

2.) Date of last tetanus booster shot (not a tetanus shot given after an injury.)

3.) Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

4.) List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

5.) Does your child have any sensory, physical or cognitive disabilities? ☐ Yes ☐ No If yes, explain

6.) Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

7.) Additional information: _____
